

**\*Work Order ID 86201****\*86201\***

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June-22-12 2:56:02 PM

Item ID: D2182B

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Rubber Cushion

Start Date: 22/06/2012 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 06/07/2012 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals: Process Plan: MCSDate: 12/06/22 Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D2182

Rev C

100

0.00

**\*100\***

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 17212 Extrude per Dwg D2182B  
Possible Supplier: Avid Product  
P/N: 10173CL 12/06/25 350

110

0.00

**\*110\***

Receive &amp; Inspect for Damage &amp; Mat'l Certs

Packaging

Memo

0.00

Packaging

CL 12/06/29 (350)

120

0.00

**\*120\***

QC6- Inspect dimensions to drawing

QC

Memo

0.00

Quality Control

Sc 12/06/29

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**\*Work Order ID 86201**

**\*86201\***

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June-22-12 2:56:02 PM

Item ID: D2182B

Accept

**\*N9000040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Rubber Cushion

Start Date: 22/06/2012 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 06/07/2012 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

Identify as per dwg & Stock Location: 410

0.00

**\*130\***

Packaging

Memo

0.00

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

Memo

0.00

Quality Control

12/7/10 3  
(300)

12/7/30

ME  
12-07-03

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

June-22-12 2:56:06 PM

Page 1

Work Order ID: 86201

\*86201\*

Parent Item: D2182B

\*D2182B\*

Parent Item Name: Rubber Cushion

Start Date: 22/06/2012

Required Date: 06/07/2012

Start Qty: 30.00

Required Qty: 30.00

Comments: IPP: B98.09.21Re-doneKS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
10173		Purchased	No			110	Each	0.0000	1	30			

\*10173\*

NEOPRENE CUSHION

\*\*

6/24/29 (350)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

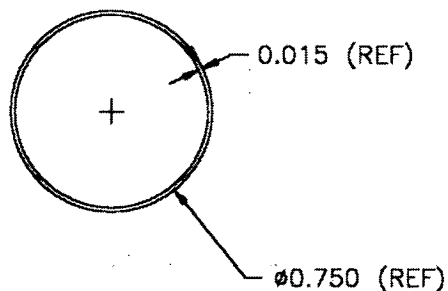
Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

RELEASED  
97/05/16 DS

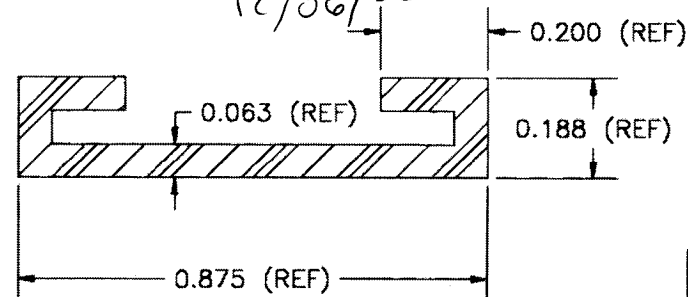
SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 86201 MCT  
12/06/22



D2182-050 HEAT SHRINK  
LENGTH

EG: 3.5 LONG: D2182-035  
10 LONG: D2182-100

MATERIAL: RAYCHEM RNF-100-3/4-CL  
HEAT SHRINKABLE INSULATION SLEEVING



W-WHITE  
B-BLACK  
D2182W050 RUBBER CUSHION  
LENGTH

EG: WHITE 3.5 LONG: D2182W035  
BLACK 10 LONG: D2182B100

MATERIAL: SANTOPRENE 101-73  
CONFORMS TO MIL-R-3065

**DART**



PREPARED <i>KE</i>		DART AERO ACCESSORIES INC VICTORIA INTERNATIONAL AIRPORT, CANADA	
CHECKED <i>ML</i>	APPROVED <i>ML</i>	D2182	REV. C SHEET 1 OF 1 SCALE
DATE Jan. 6, 1995		TITLE RUBBER CUSHION	
B	97:04:07	ADD MATERIAL SPECIFICATION	
C	97:05:14	ADD HEAT SHRINK	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO17292

Purchase Order Date 6/25/12

PO Print Date 6/25/12

Page Number 1 of 1

Order From :

AVID PRODUCTS  
P.O. BOX 53555 D  
PHOENIX, AZ 85072-3555  
US

VU-AVI001

Contact Name

Vendor Phone 602 438 1221

Vendor Fax 602 437 2270

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
6/26/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	10173	NEOPRENE CUSHION	7/06/12 Yes	350.00 Each	FedEx PI collect	\$1.1488	\$402.08

Special Inst: AS PER DWG D2182B REV. C  
B86201  
AVID P/N: 10173

PO Total: \$402.08

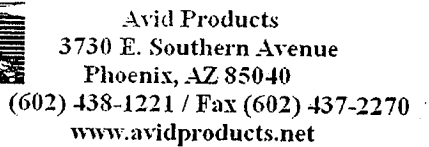
CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 6/25/12

No substitution or deviation without  
consent.

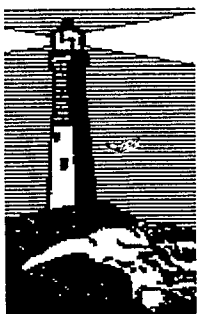
Certificate of Conformity or Material  
Certification required **YES** NO



**Customer No 007422**  
**Sales Order Shipper**

**DART AEROSPACE LTD**  
**1270 ABERDEEN ST.**  
**HAWKESBURY ON K6A 1K7**  
**Canada**

Ship Date	Customer PO	# of Boxes	Weight	Ship VIA	Bill of Lading	FOB
06/27/2012	PO17292	0	0.0000	SEE CUST NOTES		COLL
Item	Fac / Part / Rev / Description / Details			Order Quantity	Ship Quantity	
000001	Default Sales Order 138325-00 SO Item 001 6004 Rev 2 U/M FT 6004 SANTOPRENE Customer Part Number: 10173			350.0000	350.0000	



## ***Avid Products***

### CERTIFICATE OF COMPLIANCE

This is to certify that the item(s) listed below, shipped on 6/27/2012 Purchase order **17292** were manufactured and inspected in accordance with applicable drawings and/or specifications, unless noted herein 15K1206272

Physical and/or chemical test reports of materials used are on file, subject to examination and substantiate conformance with applicable specification requirements.

QUANTITY SHIPPED

**350**

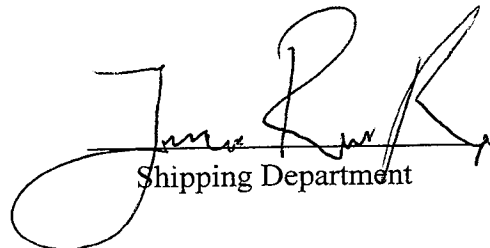
PART NUMBER

**6004**

DESCRIPTION/SPECIFICATION

**6004 SANTOPRENE**

*Silve/27*

  
Shipping Department

06/27/12

Date

3730 East Southern Avenue Phoenix, Arizona 85040

Phone 602-438-1221 Fax 602-437-2270

[www.2mfg.com/avid](http://www.2mfg.com/avid)